

PTO/SB/97 (08-06)

Approved for use through 10/31/2002. OMB 0651-0031  
U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

Application Number: 10/801,333

RECEIVED  
CENTRAL FAX CENTER

Filing Date: 3/15/2004

MAY 04 2005

**Certificate of Transmission under 37 CFR 1.8**

I hereby certify that this correspondence is being facsimile transmitted to the  
United States Patent and Trademark Office

on 5/4/2005  
Date

LeAnn M. Sassman  
Signature

LeAnn M. Sassman

Typed or printed name of person signing Certificate

Note: Each paper must have its own certificate of transmission, or this certificate must identify  
each submitted paper.

1. Fee Transmittal
2. Information Disclosure Statement
3. Form PTO-1449

Total Pages Transmitted: 4  
(703) 872-9306  
MS1-467USC1  
Confirmation No. 1952

MAY - 5 2005  
OPIE/JCNS

RECEIVED

*Please notify us immediately (509-324-9256) if  
there is a problem with the quality of this fax.*

Burden Hour Statement: This form is estimated to take 0.03 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

PTO/68/17 (12-04)

Approved for use through 07/31/2006, OMB 0651-0032

U.S. Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no person is required to respond to a collection of information unless it displays a valid OMB control number.

<p>Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).</p> <p><b>FEE TRANSMITTAL</b> For FY 2005</p> <p><input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27</p> <p><b>TOTAL AMOUNT OF PAYMENT</b> (\$ 180.00)</p>		<p><b>Complete if Known</b></p> <table border="1"> <tr> <td>Application Number</td> <td>10/801,333</td> </tr> <tr> <td>Filing Date</td> <td>3/15/2004</td> </tr> <tr> <td>First Named Inventor</td> <td>Balaz et al.</td> </tr> <tr> <td>Examiner Name</td> <td>Revak, Christopher</td> </tr> <tr> <td>Art Unit</td> <td>2131</td> </tr> <tr> <td>Attorney Docket No.</td> <td>MS1 - 487USC1</td> </tr> </table>		Application Number	10/801,333	Filing Date	3/15/2004	First Named Inventor	Balaz et al.	Examiner Name	Revak, Christopher	Art Unit	2131	Attorney Docket No.	MS1 - 487USC1
Application Number	10/801,333														
Filing Date	3/15/2004														
First Named Inventor	Balaz et al.														
Examiner Name	Revak, Christopher														
Art Unit	2131														
Attorney Docket No.	MS1 - 487USC1														

**METHOD OF PAYMENT** (check all that apply)

<input type="checkbox"/> Check	<input type="checkbox"/> Credit Card	<input type="checkbox"/> Money Order	<input type="checkbox"/> None	<input type="checkbox"/> Other (please identify): _____
<input checked="" type="checkbox"/> Deposit Account		Deposit Account Number: 12-0769		Deposit Account Name: Lee & Hayes, PLLC
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)				
<input checked="" type="checkbox"/> Charge fee(s) indicated below		<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee		
<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17		<input checked="" type="checkbox"/> Credit any overpayments		

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

**FEE CALCULATION****1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fee Paid (\$)
	Small Entity	Fee (\$)	Small Entity	Fee (\$)	Small Entity	Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

**2. EXCESS CLAIM FEES**Fee Description

Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent

Small Entity	Fee (\$)	Fee (\$)
	50	25
	200	100
	360	180

Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent

Multiple dependent claims

Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims	
				Fee (\$)	Fee Paid (\$)
- 20 or HP =	x 50	=			
HP = highest number of total claims paid for, if greater than 20					

Indep. Claims Extra Claims Fee (\$)

Fee Paid (\$)

- 3 or HP = 200 =

HP = highest number of independent claims paid for, if greater than 3

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)	
				Fee (\$)	Fee Paid (\$)
- 100 =	/ 50 =	(round up to a whole number) x			

**4. OTHER FEE(S)**

Non-English Specification, \$130 fee (no small entity discount)

Other: Information Disclosure Statement 180.00

SUBMITTED BY		Registration No.	Telephone
Signature	<i>AT</i>	38318	(509) 324-9256
Name (Print/Type)	Allan T. Sponseller	Date	<i>5/4/05</i>

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

RECEIVED  
CENTRAL FAX CENTER

MAY 04 2005

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

2 Application Serial No..... 10/801,333  
 2 Filing Date ..... 3/15/2004  
 3 Confirmation No. ..... 1952  
 4 Inventorship ..... Balaz et al.  
 4 Applicant ..... Microsoft Corporation  
 5 Group Art Unit ..... 2131  
 5 Examiner ..... Revak, Christopher  
 6 Attorney's Docket No. ..... MS1-467USC1  
 6 Title: VPN Enrollment Protocol Gateway

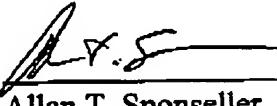
INFORMATION DISCLOSURE STATEMENTReferences - See Attached Form PTO-1449

9 To: Commissioner for Patents  
 10 PO Box 1450  
 10 Alexandria, VA 22313-1450  
 11  
 12 From: Allan T. Sponseller (Tel. 509-324-9256; Fax 509-323-8979)  
 13 Lee & Hayes, PLLC  
 13 421 W. Riverside Avenue, Suite 500  
 14 Spokane, WA 99201

15 The attached form PTO-1449 is submitted in compliance with Applicant's duty of  
 16 disclosure under 37 CFR §1.56. The Examiner is requested to make these citations of  
 17 official record in this application.

18 The Commissioner is hereby authorized to charge payment of fees or credit  
 19 overpayments to Deposit Account No. 12-0769 as set forth in 37 CFR §1.17(p).

20  
 21 Dated: 5/4/05

22 By:   
 Allan T. Sponseller  
 Reg. No. 38318

05/06/2005 120769 10801333  
 01 FC:1806 80.00 DA

25

PTO/SB/08A (08-03)

Approved for use through 07/31/2006. OMB 0851-0031

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

Substitute for Form 1449/PTO		Complete If Known	
<b>INFORMATION DISCLOSURE STATEMENT BY APPLICANT</b> <i>(Use as many sheets as necessary)</i>		Application Number	10/801,333
		Filing Date	3/15/2004
		First Named Inventor	Balaz et al.
		Art Unit	2131
		Examiner Name	Revak, Christopher
Sheet	1	of	1
		Attorney Docket Number	MS1- 467USC1

**U. S. PATENT DOCUMENTS**

## FOREIGN PATENT DOCUMENTS

Examiner Signature \_\_\_\_\_ Date Considered \_\_\_\_\_

<sup>1</sup>EXAMINER: Initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant. Applicant's unique citation designation number (optional). <sup>2</sup>See Kinds Codes of USPTO Patent Documents at [www.uspto.gov](http://www.uspto.gov) or MPEP 901.04. <sup>3</sup>Enter Office that issued the document, by the two-letter code (WIPO Standard ST.3). <sup>4</sup>For Japanese patent documents, the indication of the year of the reign of the Emperor must precede the serial number of the patent document. <sup>5</sup>Kind of document by the appropriate symbols as indicated on the document under WIPO Standard ST.16 if possible. <sup>6</sup>Applicant is to place a check mark here if English language Translation is attached.

This collection of information is required by 37 CFR 1.97 and 1.98. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Comptroller for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 (1-800-786-9199) and select option 2.